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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>511.33114CC6</b>	
		First Inventor <b>Hagiwara, et al.</b>	
		Title <b>PHOTOSENSITIVE RESIN COMPOSITION</b>	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.	

<b>APPLICATION ELEMENTS</b> SEE MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  3. <input checked="" type="checkbox"/> Specification [Total Pages: <b>32</b> ] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure  4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets: <b>1</b> ]  5. Oath or Declaration [Total Sheets: <b>2</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)  i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)  6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper  c. <input type="checkbox"/> Statements verifying identity of above copies
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<b>ACCOMPANYING APPLICATION PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))  10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)  11. <input type="checkbox"/> English Translation Document (if applicable)  12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449  13. <input checked="" type="checkbox"/> Preliminary Amendment  14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. <input checked="" type="checkbox"/> Other: <b>Claim For Priority, and Credit Card Payment Form</b>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **09/482,859**

Prior application information: Examiner: **J. Chu** Art Unit: **1752**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number <b>020457</b>		OR <input type="checkbox"/> Correspondence address below	
Name <b>ANTONELLI, TERRY, STOUT &amp; KRAUS</b>			
Address <b>1800 NORTH SEVENTEENTH STREET</b>			
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22209</b>			
Country <b>UNITED STATES</b>		Telephone <b>703/312-6600</b>	Fax <b>703/612-6666</b>
Name (Print/Type) <b>Alan E. Schiavelli</b>		Registration No. (Attorney/Agent) <b>32,087</b>	
Signature <i>[Signature]</i>		Date <b>November 17, 2003</b>	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

 031088 U.S. PTO  
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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
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FEE TRANSMITTAL for FY 2004				Complete if Known																																																																																																																																																																																																											
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The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																																															
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Alan E. Schiavelli	Registration No. (Attorney/Agent)	32,087
Signature		Telephone	703-312-6600
		Date	11/17/2003

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